

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>		Complete if Known	
		Application Number	10/626,959
		Filing Date	7/25/2003
		First Named Inventor	Frederick Brown
		Art Unit	2161
		Examiner Name	Wayne Amsbury
Sheet 1	of 1	Attorney Docket Number	GMS-001

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		National Business Group on Health's Council on Employee Health and Productivity website www.empaq.org w training partnership, 3 pp, original publication date unknown	
		Disability Management Employer Coalition and Washington Business Group press release from website www.empaq.org, 2 pp, 4/30/2003	
		EMPAQ Benchmarking Program & IBI's Full-Cost Benchmarking Study FAQ's from website www.empaq.org, 7 pp, original publication date unknown	
		Benchmarking Benefits Performance Program Workers' Compensation, Short-Term Disability, etc. from website www.empaq.org indicating CY 2003 experience, 6 pp, April 2005	
		EMPAQ Benchmarking Program & IBI's Full-Cost Benchmarking Study Benchmarking Opportunities from website www.empaq.org, 11 pp, original publication date unknown	
		Integrated Benefits Institute Health & Productivity Intelligence Suite offering on website www.benefitsintelligence.org, 4 pp, original publication date unknown	
		IBI's Absence, Lost Productivity & Health Study from website www.benefitsintelligence.org, 10 pp, copyright 2004	

Examiner Signature	Date Considered
--------------------	-----------------

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.